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	(Requestor's Name)
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TO: Amendment Section Division of Corporations

Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

Black History Cor NAME OF CORPORATION:	nmittee of Gadsden Co	ounty, INC		
N24000000081 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	ū			
rease setum an enrespondence concerning inis ma				
	Dr. Willie Greene			
	(Name of Contact F	erson)		
	(Firm/ Compan	y)		
	P.O. Box 171			
	(Address)		7.12.232.4.12.11.4.7.1.7.1.	
	Quincy, FLorida 32	353		
	(City/ State and Zip	Code)		
E-mail address: (to be use	ed for future annual re	port notificatio	n)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, pleas	se call:			
Dr. Willie Greene	a t	850	556-4123	
(Name of Contact Perso		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)	
Mailing Address Amendment Section		reet Address	ion	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N2400000081		
(Document N	umber of Corporation (if known)	·
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
	1 11 11 11	. The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	(225)	
THE PROPERTY OF THE PROPERTY O		
		~
		······································
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

		. •
D. If amending the registered agent and/or registered		ne name of the
new registered agent and/or the new registered offi	<u>ce address:</u>	
Name of New Registered Agent:		
	(Florida stree	(address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
l hereby accept the appointment as registered agent. I an		gations of the position.
	Signature of New Registered Age	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	meş	
Type of Action (Check One)	Title	Name	Address
1) Change Add	Presiden	Dr. Treey Stallworth	770 Selman Road Quincy, FL 32351
X Remove			
2) Change Add	Presiden	Dr. Willie Greene	296 Bradwell Road Quincy, FL 32351
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			•
		cles, enter change(s) here: (Be specific)	
		_	· ··· · · · · · · · · · · · · · · · ·
			

				
				
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		·		
				
			-	
				
The date of each amendment(s) adop date this document was signed.	tion:			_, if other than the
Effective date if applicable:				
	(no more than 90 days	after amendment file do	ite)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applical tment of State's records.	ole statutory filing requi	rements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	3/2/2024
Signature	Dorothy F. Thomas
have not	hairman or vice chairman of the board, president or other officer-if directors, been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
	Dorothy Thomas
	(Typed or printed name of person signing)
	President